
CHBRP Approach to Medical Effectiveness Review

California Health Benefits Review Program

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What is Medical Effectiveness Analysis

- Answers the universal question:
 - Does scientific evidence show whether these treatments/procedures work?
- Provides systematic and objective reviews of pertinent peer-reviewed medical literature.



CHBRP ME Analytic Approach

- Perform literature search
- Review pertinent literature
- Make a qualitative “call” on the literature
- If feasible, summarize quantifiable evidence for specific health outcomes



ME: Sources of Information

- Peer-reviewed publications
 - Meta-analyses and systematic reviews
 - Randomized controlled trials
 - Observational studies

- Other published/documented information
 - Systematic reviews
 - Clinical guidelines

- Expert opinion - only if no studies available



ME – Terms to Categorize the Body of Evidence

- Consistent use of concluding statements helps policymakers

CHBRP concluding statement

- Clear and Convincing Evidence
- Preponderance of evidence
- Ambiguous/conflicting evidence
- Insufficient evidence

Translation

- It works
- It seems to work
- Studies cut both ways
- Few well-designed studies



Example: Tobacco Cessation

- Clear and convincing evidence from a large number of studies that the following treatments increase long-term abstinence from smoking
 - Counseling (multiple types)
 - Pharmacotherapy
 - o Nicotine replacement therapy
 - o Prescription drugs



Example: Tobacco Cessation

- Less evidence of the impact of coverage for tobacco cessation treatments
 - Preponderance of evidence that coverage is associated with greater use of pharmacotherapy
 - Evidence of the impact of coverage on use of counseling is ambiguous



Where CHBRP's Standard Method Works Well

- The bill focuses on a single type of benefit, service, or intervention
- The literature is substantial
- The evidence is consistent and of high quality



When CHBRP's Standard Method Works Less Well

- Breadth too large to address within 60 days
- Evidence differs across diseases or treatments
- Address terms and conditions of coverage



Standard Analysis Infeasible in 60 days

- **Challenge:** Number of indications too great for analysis.
- **Dilemma:** How to be responsible when we can't provide complete information.
- **Bill Example:** Oral Chemotherapy
 - 54 types of cancer; 40 medications
 - Roles of medications in treatment varied



Solution

- Presented general descriptive information about the medications.



Evidence Differs Across Diseases or Treatments

- **Challenge:** Strength of evidence varies across diseases or treatments addressed
- **Dilemma:** How to be responsible when a single conclusion cannot be drawn
- **Bill Example:** Gynecological cancer screening
 - 3 types of cancer & 3 conclusions



Solution

- Carefully write and format report to help readers understand that conclusions differed across the three cancers
 - Cervical – preponderance of evidence favors screening
 - Endometrial – insufficient evidence
 - Ovarian – preponderance of evidence that can detect cancer at an earlier stage *but* insufficient evidence of long-term impact on morbidity and mortality



Insufficient Literature

- **Challenge:** Typical of bills evaluating the impact of a kind of coverage, rather than a treatment itself, on outcomes.
- **Dilemma:** Not enough information to make inferences.
- **Bill Example:** Step therapy for pain medications.



Solution

- Noted the lack of direct evidence of effects on pain relief or control
- Summarized the few available studies on effects on utilization and quality of life
- Discussed the limitations of the literature



Outline

- Brief overview of private health insurance in US and CA
- What are benefit mandates?
- Overview of CHBRP
- Medical Effectiveness analysis approach
- **Benefit Coverage, Cost, Utilization analytical approach**
- Public Health analysis approach
- Takeaways

